

IN THE UNITED STATES DISTRICT COURT
FOR THE Southern DISTRICT OF TEXAS
Houston DIVISION

United States Courts
Southern District of Texas
FILED

JAN 23 2006

Michael N. Milby, Clerk

Chad Allen Squires # 1333816
Plaintiff's name and ID Number

Holiday Transfer Facility
Place of Confinement

H - 06 - 0243
CASE NO:

(Clerk will assign the number)

v.

Cenikor Inc. 4525 Glenwood Ave Deer Park Tex.
Defendant's name and address 77536

Jerry Hall (Vice President) Cenikor Inc.

4525 Glenwood Ave. Deer Park Tex 77536
Defendant's name and address

Doug Richards (operations manager) Cenikor INC.

4525 Glenwood Ave. Deer Park Tex 77536
Defendant's name and address

(DO NOT USE "ET AL.")

I. PREVIOUS LAWSUITS:

A. Have you filed *any* other lawsuits in state or federal court relating to your imprisonment? YES NO

B. If your answer to "A" is "yes", describe each lawsuit in the space below.
(If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)

1. Approximate date of filing lawsuit: NIA

2. Parties to previous lawsuit:
Plaintiff(s) NIA

Defendant(s) NIA

3. Court (If federal, name the district; if state, name the county) NIA

4. Docket Number: NIA

5. Name of judge to whom case was assigned: NIA

6. Disposition: (Was the case dismissed, appealed, still pending?)

NIA

7. Approximate date of disposition: NIA

II. PLACE OF PRESENT CONFINEMENT: Holliday Transfer Facility

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted both steps of the grievance procedure in this institution? YES NO
Attach a copy of the Step 2 grievance with the response supplied by the prison system.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: Chad Allen Squires TDC# 1333816
Holliday Transfer Facility, 295 4H-45' North
Huntsville Tex 77320

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: Cenikor Inc., Drug Rehab Center
4525 Glenwood Ave., Deer Park Tex 77536

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Showed deliberate indifference to my serious medical needs
Defendant #2: Jerry Hall (Vice President) Cenikor Drug Rehab
4525 Glenwood Ave., Deer Park Tex 77536

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Failed to monitor how Cenikor does business to clients medical needs
Defendant #3: Doug Richards (operation manager) Cenikor INC
4525 Glenwood Ave., Deer Park Tex 77536

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Neglected to get me meaningful medical attention
Defendant #4: Dr. Macky, Cenikor INC. "House Doctor"
4525 Glenwood Ave., Deer Park Tex 77536

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Neglected to diagnose and treat my injury.

Defendant #5: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember that the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

Cenikor (Inc) was obligated to provide medical services for its clients and has complete control over the circumstances and

Sources of clients medical treatment Cenikor (Inc) Deer Park facility denied me meaningful medical attention. Which falls under "Public function" rationale Jerry Hall (Vice President) of Cenikor, Deer Park facility failed to monitor how Cenikor (Inc) does business to clients medical needs. Doug Richards (operation manager) Cenikor (Inc), Deer Park facility, he neglected to get me meaningful medical attention. Also Dr Mackay Cenikor (Inc) house doctor failed and neglected to diagnosis and treat my injury.

VI. RELIEF:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Plaintiff be awarded damages in a sum within the jurisdictional limits of this court, cost of suit, any other relief that courts deems just

VII. BACKGROUND INFORMATION:

- A. State, in complete form, all names you have ever used or been known by including any and all aliases:

Chad Allen Squires

- B. List all TDCJ-ID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you, if known to you.

TDCJ # 1333816

VIII. SANCTIONS:

- A. Have you been sanctioned by any court as a result of any lawsuit you have filed?

YES NO

- B. If your answer is "yes", give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give district and division): NIA

2. Case Number: NIA

3. Approximate date sanctions were imposed: NIA

4. Have the sanctions been lifted or otherwise satisfied? YES NO

- C. Has any court ever warned or notified you that sanctions could be imposed? YES NO

- D. If your answer is "yes", give the following information for every lawsuit in which warning was imposed. (If more than one, use another piece of paper and answer

1. Court that imposed warning (if federal, give the district and division): N/A
2. Case number: N/A
3. Approximate date warnings were imposed: N/A

Executed on: Jan. 20, 2006
DATE

Chad Squires

(Signature of Plaintiff)

PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand if I am released or transferred, it is my responsibility to keep the Court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand that I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions in a Court of the United States while incarcerated or detained in any facility, which lawsuits are dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire \$150 filing fee and costs assessed by the Court, which shall be deducted in accordance with the law from my inmate account by my custodian until the filing fee is paid.

Signed this 20th day of January, 20 06.
(Day) (Month) (Year)

Chad Squires

(Signature of Plaintiff)

WARNING: The Plaintiff is hereby advised any false or deliberately misleading information provided in response to the following questions will result in the imposition of sanctions. The sanctions the Court may impose include, but are not limited to monetary sanctions and/or the dismissal of this action with prejudice.

INSTRUCTIONS FOR COMPLETING A COMPLAINT UNDER 42 USC § 1983,

CIVIL RIGHTS ACT-TDCJ-ID

PLEASE READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE, ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the Clerk of the United States Court for the appropriate District of Texas in the Division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. The list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate District Court, the Division and an address of the Divisional Clerks.

FILING FEE AND IN FORMA PAUPERIS

14 25c⁰⁰

1. In order for your complaint to be filed, it must be accompanied by the filing fee of \$150.00.
2. If you do not have the necessary funds to pay the filing fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis*(IFP), setting forth the information to establish your inability to prepay the fees and costs or give security therefore. You must also include a current six (6) month history of your Inmate Trust Account. You can acquire the application to proceed IFP and appropriate Inmate Account Certificate from the law library at your prison unit.
3. 28 U.S.C. 1915, as amended by the Prison Litigation Reform Act of 1995 (PLRA), provides, "...if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." Thus, the Court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the Court will apply 28 U.S.C. 1915 and , if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your Inmate Account, until the entire \$150 filing fee has been paid.
4. If you intend to seek *in forma pauperis* status, then do not send your complaint without an Application to Proceed IFP, and the Certificate of Inmate Trust Account. Complete all the essential paperwork before submitting it to the Court.

CHANGE OF ADDRESS

It is your responsibility to inform the Court of any change of address and its effective date. Such notice should be marked "**NOTICE TO THE COURT OF CHANGE OF ADDRESS**" and shall not include any motion(s) for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

UNITED STATES COURTS
SOUTHERN DISTRICT OF TEXAS
FILED

JAN 23 2006

MICHAEL N. HUBI, CLERK OF COURT

New Case

Clerk of U.S. District Court
Southern District of Texas
P.O. Box 61010
Houston, Texas 77208

H-06-0243